First Presbyterian
Church of Crossville

# Fine Arts School of Music

**Student Registration Form**

The Fine Arts School of Music is a ministry of First Presbyterian Church in Crossville, TN. We are a Christ-honoring community shaped by the truth of God's Word, loving one another and welcoming all those in need of God's grace. Our **desire** is that, by the grace of God, our worship of God will fuel our work for God. Our **mission** will be for training students to grow in knowledge of musical theory, appreciation, and skill with excellence for a purpose of serving others.

Student's Name:_____

Date of Birth:_____ Age:_____ Grade Level:_____ Gender: (Circle one) Male Female

Current School:_____

Parent/Guardian Name:_____

Email:_____ Home Phone #:_____

Mom Cell #:_____ Dad Cell #:_____

Mailing Address: _____

_____

Desired Instrument: _____

Student's Background: (List "none" if student is a beginner)_____

Desired Lesson Length: (Circle one) 30 min. 45 min. 60 min.

"I will sing of steadfast love and justice; to you, O LORD, I will make music." Psalm101:1

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PCA

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From time to time we take photos/videos of performances to use in publications and promotional materials. I grant FPC Fine Arts School of Music permission to make, use, reuse, and/or publish photographic pictures/videos of_____(Child's name).

I have read and agree to the attendance policy in this packet. (Initial only) _____

I have read and agree with the tuition policy in this packet. (Initial only) _____

I have read and understand the policies in this packet, and agree to abide by them as noted.

Parent's Signature:_____

Date:_____

Leave any comments below that you would like the director or teacher to be made aware of:

_____

_____

_____

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**Parental Approval/Liability Form**

(Form to be notarized and returned to FPC Fine Arts School of Music Office)

I authorize First Presbyterian Church Fine Arts School of Music's Administrator, office staff, or one of its teachers to approve treatment of _____ in case of a medical emergency. I hereby hold harmless and forever discharge the above party approving treatments, FPC Fine Arts School of Music, any extension facility, its officers, agents, and employees from any action resulting from said approval including injury, illness, death, or loss of or damage to property, which the child may suffer from while participating in any of FPC Fine Arts programs.

Notice: In case of an accident or illness incurred while attending First Presbyterian Fine Arts School of Music, the parent's health insurance will be the primary carrier to any other insurance.

Witness my hand and seal this the _____ day of_____, _____.

This form applies to the pertaining school year in the above date.

My commission expires: _____/_____/_____

_____

Signature of Notary Public at Large:

_____

Parent's Signature: